

Midwestern University College of Pharmacy-Glendale is sponsoring a Pharmacy Licensure Exam Review course to help prepare you to be successful on the NAPLEX and MPJE exams. The course is scheduled for:

Dates:

June 8, 2009 (MPJE Law Review)

June 9 and June 10, 2009 (NAPLEX Review)

(Lunch will be provided all 3 days)

Time:

June 8, 2009 MPJE Law Review

8:00AM-4:00PM (7:30AM – 8:00AM Registration)

June 9 & June 10, 2009

8:00AM - 5:00PM NAPLEX Review

(Lunch will be provided)

Location:

Midwestern University Campus

Cholla Lecture Hall C

Registration fee:

NAPLEX Review & MJPE Review \$450.00

NAPLEX Review Only \$325.00

MJPE Review **Only** \$175.00 (6.5 CE's)

Speakers:

Roger N. Morris R.Ph., J.D., Quarles & Brady LLP

Phoenix, AZ

Dr. Vincent F. Mauro

Professor of Clinical Pharmacy and Adjunct Professor of

Medicine

University of Toledo

Dr. Karen Kotiuk-Bikhazi Clinical Pharmacy Consultant

MIDWESTERN UNIVERSITY **COLLEGE OF PHARMACY-GLENDALE** NAPLEX AND MPJE REVIEW SCHEDULE

Monday, June 8, 2009 Cholla Lecture Hall C

7:30	AM	Registration
8:00	AM	MPJE Review begins (6.5 CE)
11:00	AM	LUNCH BREAK (lunch provided)
12:00	PM	MPJE Review continues
4:00	PM	Review ends for day

Tuesday, June 9, 2009 Cholla Lecture Hall C

8:00	AM	NAPLEX Review begins
12:00	PM	LUNCH BREAK (lunch provided)
1:00	PM	NAPLEX Review resumes
5:00	PM	Review ends for day

Wednesday, June 10, 2009

Cholla Lecture Hall C

8:00	AM	NAPLEX Review begins
11:00	AM	LUNCH BREAK (lunch provided)
12:00	PM	NAPLEX Review resumes
5:00	PM	Review ends for day

Register and Payment due by April 18, 2008

Pharmacy Licensure Exam Review Course Registration Form (PLEASE PRINT LEGIBLY)

Name of Student:	
Student ID Number:	
Telephone:	
	nding the Pharmacy Licensure Exam Review course on ad June 10, 2009 (COST: \$450.00)
	nding the MJPE Review <u>only</u> on June 8, 2009 75) (6.5 CE)
Yes, I will be attemuted (COST \$32)	nding the NAPLEX Review <u>only</u> on June 9 and June 10, 2009 25)
Shari I Colleg Midwe 19555 Glenda (623) 5	ration form along with your credit card authorization to: Domico, Dean's Office te of Pharmacy-Glendale testern University N. 59 th Avenue tale, AZ 85308 572-3500 572-3510 FAX CREDIT CARD AUTHORIZATION PLEASE TYPE OR PRINT LEGIBLY
Name as appears on card:	T
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Billing Address:	
(include City, ST and ZIP)	
Phone Number:	
E-Mail Address:	
Card Type (check one) Card Number	MasterCard Visa American Express Discover
Expiration Date	
Charge Amount	
Signature	Date

An Administration fee of \$50.00 will be charged for program cancellations less than 2 weeks prior to the event.